

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029038

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6984

STATE FILE NUMBER

1. **FILED JUL 31 1962**
PLACE OF DEATH
a. COUNTY2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **St. Louis**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. LOUIS, MISSOURI**Length of stay in 1b
One Weekc. CITY
OR TOWN **Breckenridge Hills**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **BARNES HOSPITAL**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
9767 Mc Dowell Pl.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
WILLIAMMiddle
F.Last
PEPER4. DATE
OF DEATHMonth
JULYDay
15Year
19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5/31/18889. AGE (last birthday)
74IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired10b. KIND OF BUSINESS OR INDUSTRY
Mc Quay Norris11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

William F. Peper

13b. MOTHER'S MAIDEN NAME

Bertha Puss

14. NAME OF HUSBAND OR WIFE

Sophia W. Peper15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)**Yes** **W.W. I**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Sophia W. Peper 9767 Mc Dowell Pl.18. CAUSE OF DEATH (Enter only one cause per line if
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) **Cerebral Vascular Accident (Rt. Middle Cerebral Artery)**INTERVAL BETWEEN
ONSET AND DEATH
1 WeekConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.DUE TO (b) **Cerebral Arteriosclerosis****7 Years**DUE TO (c) **33/X**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **JUNE 1962** to **JULY 15, 1962** and last saw him alive on **JULY 15, 1962**Death occurred at **3:20 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

FR Bradley M.D.**M.D.****BARNES HOSPITAL****7/15/62**23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial**7/18/1962****Valhalla Cemetery****St. Louis County, Mo.**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Collier Mortuary, St. Ann, Mo.**JUL 16 1962****Frank Smith, M.D.**

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

DATE AMENDED

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240173

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Sheldon C. Collier

Licensed Embalmer No. _____

3382

P. O. Address _____

St. Ann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.